

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019849

FILING DATE

01 NOV 2001

APPLICANT(S)

K. L. L. L.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
1							51			/											
2							52			/											
3							53			/											
4							54			/											
5							55			/											
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45							95			/											
46							96			/											
47							97			/											
48							98			/											
49							99			/											
50							100			/											
TOTAL IND.							TOTAL IND.	3													
TOTAL DEP.							TOTAL DEP.	29													
TOTAL CLAIMS							TOTAL CLAIMS	32													